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| PS Form 3811, February 2004 Domestic   | Return Receipt 102595-02-M-1540              |
|--|--|
| (Transfer from service label) 7004   |  |
| 2. Article Number  | 4. Restricted Delivery? (Extra Fee) ☐ Yes    |
| i  | 3. Service Type  Certified Mail              |
| JONATHAN DAMP PUEBLO OF ZUNI P O BOX 1149 ZUNI NM 87327  | If YES, enter delivery address below. LT tho |
| <ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> <li>1. Article Addressed to:</li> </ul> | se X K, Chuyati Agent                        |
| SENDER: COMPLETE THIS SECTION  |  |